

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(703) 746-4000**

or **Fax**

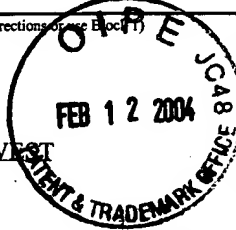
INSTRUCTIONS: This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections in Block 1)

25181 7590 11/14/2003

**FOLEY HOAG, LLP
PATENT GROUP, WORLD TRADE CENTER WEST
155 SEAPORT BLVD.
BOSTON, MA 02110**

**MINTZ, LEVIN, COHN, FERRIS, GLOVSKY
AND POPEO, P.C.
One Financial Center
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Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/693,555	10/20/2000	Kenneth Kornman	MSA-009.01(20974-901) 24299-507-NATL	7773
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TITLE OF INVENTION: FETAL TESTING FOR PREDICTION OF LOW BIRTH WEIGHT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES NO	\$665 \$1,330	\$0	\$665 \$1,330	02/17/2004
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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MYERS, CARLA J	1634	435-006000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Ivor R. Elriri, Ph.D., Esq.
Cynthia A. Kozakiewicz, Ph.D.
Mintz, Levin, Cohn,
Ferris, Glovsky and Popeo,
P.C.**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Interleukin Genetics, Inc.

The University of North Carolina at Chapel Hill

Please check the appropriate assignee category or categories (will not be printed on the patent);

**Waltham, Massachusetts
Chapel Hill, North Carolina**
☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies Ten (10)

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Janine M. Susan, Reg. No. 46,119 02/12/04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

02/18/2004 MBERHE1 00000135 09693555

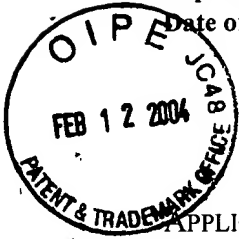
01 FC:1501
02 FC:8001

1330.00 DP
30.00 DP

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Kornman *et al.*
SERIAL NUMBER: 09/693,555 EXAMINER: Myers, Carla J.
FILING DATE: October 20, 2000 ART UNIT: 1634
FOR: FETAL TESTING FOR PREDICTION OF LOW BIRTH WEIGHT

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


TRANSMITTAL LETTER

Transmitted herewith for filing in the present application are the following documents:

- ☒ Response to Notice of Allowance [1 page];
- ☒ Issue Fee Transmittal Form PTOL-85 [1 page];
- ☒ Check No. 18068 in the amount of \$1,330 (Issue Fee)
- ☒ Check No. 18069 in the amount of \$30 (Advance Copies of Patent); and
- ☒ Return Postcard.

If the enclosed papers are considered incomplete, the Mail Room or the Application Branch is respectfully requested to contact the undersigned at (617) 542-6000. No additional fees are believed to be due; however, the Commissioner is authorized to charge any additional fees that may be due, or credit any overpayment of same, to Deposit Account No. 50-0311 (Reference No. 24299-507 NATL). A duplicate copy of this Transmittal Letter is enclosed.

Respectfully submitted,


For R. Elrifi, Reg. No. 39,529
Janine M. Susan, Reg. No. 46,119
Attorneys for Applicants
c/o MINTZ, LEVIN
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Customer No. 30623

Date: February 12, 2004

Express Mail Label No.: EV313924651US

Date of Deposit: February 12, 2004

Attorney Docket No. 24299-507 NATL



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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SERIAL NUMBER: 09/693,555 EXAMINER: Myers, Carla J.
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RESPONSE TO NOTICE OF ALLOWANCE

The present paper is filed in response to the Notice of Allowance and Issue Fee Due, dated November 14, 2003.

Applicants hereby notify the U.S. Patent and Trademark Office that this case is no longer entitled to small entity status.

A check (No. 18068) for \$1,330.00 is enclosed herewith to cover the issue fee and a check (No. 18069) for \$30.00 is enclosed for an advanced order of ten (10) copies. A copy of Form PTOL-85B is also enclosed herewith. The Commissioner is hereby authorized to charge any additional fees that may be due, or to credit any overpayment, to Account 50-0311 (Ref. No.24299-507-NATL).

Respectfully submitted,



Ivor R. Elrifi, Reg. No. 39,529

Janine M. Susan, Reg. No. 46,119

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Date: February 12, 2004